



**Catholic Regional College Institute of Training  
Registration No. 22427**

|  |                                 |                  |                |
|--|---------------------------------|------------------|----------------|
| <b>Department</b>                        | Vocational Education & Training | <b>Quality #</b> | <b>CRCIT26</b> |
| <b>Quality Controlled Document Title</b> | <b>Students Fee Refund Form</b> | <b>Date</b>      | March 2015     |
| <b>Version</b>                           | 3                               | <b>Review</b>    | March 2016     |

|   |                            |                    |  |
|---|----------------------------|--------------------|--|
| <b>Surname</b>  |                            | <b>Given Names</b> |  |
| <b>Student ID</b>   |                            | <b>Date</b>        |  |
| <b>Title of Course</b>  |                            |                    |  |
| <b>Explain your reason(s) for requesting a refund<sup>1</sup></b> | <b>Personal</b>            |                    |  |
|   | <b>Medical<sup>2</sup></b> |                    |  |
|   | <b>Other</b>               |                    |  |
| <b>Student's Signature</b>  |                            |                    |  |

<sup>1</sup> The RTO may require suitable evidence supporting your claim to be presented.

<sup>2</sup> All applications on medical grounds must be accompanied by verifiable documentation, such as Medical Certificates.

**OFFICE USE ONLY**